



2015 Questionnaire Related to Worker Background Checks Senior and Long Term Care Division

This is a supplemental form that we are asking you to fill out related to the use of Background Checks in your facility or agency. This will provide us some additional information related to workers in your specific programs. Please check the most appropriate response.

1. Does your facility/agency require background checks for **All** your workers? ____ Yes ____ No
2. If you do not require background checks on all your workers, which specific worker types do you require background checks be performed on:

3. What type of Background Checks do you require or use?
____ Name Based, Only
____ Finger Print/FBI check
____ Both Name Based and Fingerprint
____ Other, Please Explain _____
4. Is the employee required to pay for their background check? ____ Yes ____ No
5. Do you as the employer process and pay for the background check? ____ Yes ____ No
6. What is the cost of each background check? _____
7. In making employment decisions based on the background check information, do you have a list of disqualifying events that you use in determining if you will hire someone? ____ Yes ____ No

Would you be willing to share the list of disqualifying events?

We appreciate your filling out this form.

Facility/Agency Name: _____

Please Complete this form and return to the department with your Direct Care Wage Application and Forms on or before 12/26/2014.

Return to: Rick Norine
DPHHS – SLTC – Direct Care Wage Program
PO Box 4210
Helena MT 59604-4210